

RUTHERFORD COUNTY GOVERNMENT
"ON-THE-JOB INJURY" WITNESS STATEMENT

Information: This form must be completed by those individuals that witness an on-the-job injury to any Rutherford County employee.

As is allowed by T.C.A. 50-6-106, Rutherford County (RC) has opted to withdraw from the Tennessee Workers' Compensation Act, and instead has chosen to implement an On-The-Job Injury Program administered by the Rutherford County Risk Management Department.

Name of injured employee	<input type="text"/>	Date of Injury:	<input type="text"/>
Name of witness	<input type="text"/>	Phone number of witness	<input type="text"/>

What Job were you doing when the injury occur?

Did you actually witness the accident or injury? ☐ Yes ☐ No If "no" how do you know what happened?

What safety equipment was the injured employee wearing? <input type="text"/>	Was the injured employee required to wear safety equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If so what type? <input type="text"/>
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Were any safety or work rules being violated at the time of the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If so what were they? <input type="text"/>	Was the injured employee performing their job as instructed? <input type="checkbox"/> Yes <input type="checkbox"/> No If not what changes were made and why? <input type="text"/>
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What body part did the employee injury? (head, back, neck, etc) <input type="text"/>	Describe the injury. (strain, bruise, cut, etc) <input type="text"/>
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What did the injured employee say at the time of the accident or injury? <input type="text"/>	Did the employee complain of pain? If so where? <input type="text"/>
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In your own words, explain what the employee was doing and how the accident occurred:

In your opinion, could this accident have been prevented? ☐ Yes ☐ No Explain

Witness Signature: _____ Date: _____